

*Juvenile Accountability Block Grant
FINAL PROGRESS REPORT
Department of Criminal Justice Services
805 E. Broad Street, 10th Floor
Richmond, VA 23219*

GRANT NO. _____ LOCALITY _____

Period Covered by this Report:

DATE COMPLETED: _____

PROGRAM TITLE (if any): _____

Type/Print Project Director's Name: _____

Title: _____

Telephone Number: _____

EMAIL ADDRESS: _____

I. Advisory Board (formerly Juvenile Crime Enforcement Coalition (JCEC))

- a) **Summarize the activities of the Advisory Board for the past year.**
(e.g., # of meetings, summary of actions, award of funds, monitoring of expenditures and progress, action on the development of a CEP)

II. Coordinated Enforcement Plan (CEP) for Reducing Juvenile Crime

- a) **During the grant year, did the Advisory Board make changes to the Comprehensive Coordinated Enforcement Plan for Reducing Juvenile Crime?**

☐ YES

☐ NO

If yes, please explain.

III. JABG Program Purpose Area Activities:

a) **Describe the program purpose area activities accomplished during the grant period and outcomes.** (Use separate sheet if necessary)

b) **What difficulties did your Advisory Board experience that prevented the locality from accomplishing its objectives for this year?** (Use separate sheet if necessary)

IV. ADDITIONAL COMMENTS:

Please address additional progress comments on a separate sheet of paper.

V. TECHNICAL ASSISTANCE

Do you have a TA need? ☐ YES ☐ NO

Please explain. Use separate sheet if necessary.

Project Director's Signature: _____ **Date:** _____